

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 5-15-01?
- b. The request was received on 5-13-02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. Initial TWCC 60 and letter requesting dispute resolution
    1. EOB
    2. UB-92
  - b. There is no response to the request for additional documentation found in the file. A confirmation sheet indicates that the request was faxed to the Requestor on 6-6-02.
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome
2. Respondent, Exhibit 2:

There was no Carrier sign sheet noted in the dispute packet. There were no responses noted from the Carrier in the dispute packet.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement.
2. Respondent: No position statement

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service (DOS) eligible for review is 5-15-01.
2. As reflected by the Table of Disputed Services, the provider, an ambulatory surgery center, billed a total of \$6,763.38.
3. The Table of Disputed Services indicated that the carrier reimbursed \$2,236.00.
4. The amount in dispute per the TWCC-60 is \$4,472.38.

4. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

## **V. RATIONALE**

The Requestor has submitted a UB-92 for ambulatory surgical services for date of service 5-15-01. The carrier has denied the charges in dispute as "M – NO MAR REDUCED TO FAIR AND REASONABLE".

However, when determining whether or not reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. Therefore, no additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 30<sup>th</sup> day of January 2003.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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